The Pilot Club of Cochran Scholarship will be awarded to a Bleckley County student enrolled full-time at Oconee Fall Line Technical College (OFTC).

The purpose of the scholarship is to award a full time (12 credit hours*) student from Bleckley County, who has a genuine desire to complete a diploma or degree in technical education, through attaining academic excellence, while exhibiting outstanding moral character and a determination to succeed in life. The scholarship is also need and merit based.

The Pilot Club of Cochran Scholarship packets will be disseminated during the second week of Spring Semester. The award amount will be $500. The scholarship selection committee will make an award based on the applicant’s need and merit. The scholarship awarded to each student will be paid by a check from the OFTC Foundation to the student after the registrar verifies the recipient’s successful completion at the end of the Spring Semester.

A completed application may be submitted directly to the Foundation Office by mail, email scan, or in person. Applications are due by mid-term of the semester, as published in the OFTC official catalog.

Mail: OFTC Foundation, Inc., Oconee Fall Line Technical College, 560 Pinehill Road, Dublin, GA 31021
Email: oftcfoundation@oftc.edu
Office: OFTC Foundation, Louie Livingston Hall, B12 (2nd floor), South Campus, Dublin

*For purposes of this scholarship, students enrolling in 7 or more credit hours in Automotive Technology, Diesel Equipment Technology, Industrial Systems Technology, or Machine Tool Technology are considered full-time students.
PILOT CLUB OF COCHRAN SCHOLARSHIP
OFTC Foundation South Scholarship Program
Open to a Bleckley County student enrolled full-time in a diploma or degree program at Oconee Fall Line Technical College’s South Campus.

Purpose of Scholarship: To award a Cochran-Bleckley County resident who is enrolled at Oconee Fall Line Technical College.

APPLICATION

PERSONAL INFORMATION

Name____________________________________ Date __________________

Gender __M __F Marital Status __Married __Single Date of Birth __________________

Student Identification #________________________Cumulative GPA ______________

Phone Home_________________ Work _________________ Cell ________________

E-mail address____________________________________________________________

Home address __________________________________________________________

Mailing address (if different from home) ________________________________________

Program of Study____________________________ Semester enrolled___________

DEPENDENTS

Do you have children or other dependents? __ Yes __ No
If so, please list their names, ages, and relationship to you. ____________________________

________________________________________________________________________

SOURCES OF SUPPORT

Please list everyone who contributes to your financial support.____________________

________________________________________________________________________

If you are being supported by your parents, please list names and ages of all siblings.____

________________________________________________________________________
Have you applied for any other scholarships? __ Yes __ No
If yes, please list: ________________________________________________________

Have you been notified by any other scholarship source that you will receive a scholarship for next year?  __ Yes  __ No

If yes, give source and amount. ________________________________________________

Briefly describe your financial need (may use additional pages).____________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list three references (instructors, clergy, former employers, etc) and give each reference the attached personal reference form to complete and return to: Executive Director, OFTC Foundation South, 560 Pinehill Road, Dublin, Georgia 31021.
____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please briefly explain when you first became interested in this field, and if you have circumstances or individuals that influenced your decision to go into technical education (may use additional pages)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Applicant’s Signature _____________________________ Date _________________________
Pilot Club of Cochran Scholarship
PERSONAL REFERENCE

Name of applicant_________________________________________________________

1. How long have you known the applicant and in what
capacity?______________________________________________________________

2. What do you consider the strengths or weaknesses of the applicant?
_______________________________________________________________

3. Do you place full confidence in this applicant’s integrity? If not, please
explain.______________________________________________________________

4. Does the applicant possess any traits that might be prohibitive to his/her
chosen career field?
_______________________________________________________________

5. Please indicate your endorsement of the applicant as a suitable candidate for
this scholarship:

☐ Endorse with enthusiasm
☐ Endorse
☐ Do not endorse

6. Please provide any additional comments________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Printed Name ___________________________________________ Signature

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Date ___________________________________________ Telephone #

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Pilot Club of Cochran Scholarship
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☐ Endorse
☐ Do not endorse

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_______________________________________________________________
_______________________________________________________________

_________________________ ________________________________
Printed Name Signature

_________________________ ________________________________
Date Telephone #

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Name of applicant________________________________________________________

1. How long have you known the applicant and in what capacity?__________________

2. What do you consider the strengths or weaknesses of the applicant?
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   _________________________________________________________________

3. Do you place full confidence in this applicant’s integrity? If not, please explain.
   _________________________________________________________________
   _________________________________________________________________

4. Does the applicant possess any traits that might be prohibitive to a career in his/her chosen field?
   _________________________________________________________________
   _________________________________________________________________

5. Please indicate your endorsement of the applicant as a suitable candidate for this scholarship:
   □ Endorse with enthusiasm
   □ Endorse
   □ Do not endorse

6. Please provide any additional comments____________________________
   _________________________________________________________________
   _________________________________________________________________

_______________________________________________________________

Printed Name                                         Signature

_______________________________________________________________

Date                                             Telephone #

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